

State of Maryland Motor Vehicle Accident Report C# 2496

REPORT NO. 1		PAGE OF 1		ACCIDENT DATE 2 11/04/05 101845		ACCIDENT TIME 3		REPORT TYPE 4 <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input type="checkbox"/> PDO <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON-TRAFFIC		RESEARCH 5		PHOTOS 9 <input type="checkbox"/> NO <input type="checkbox"/> YES	
INVESTIGATING OFFICER ID 10 AD 231				AGENCY AND AREA 11 OK		SUPERVISING OFFICER ID 12		REVIEWER ID 13 M 576		CODE - AND - NAME OF MUNICIPALITY 14 000 BALD. CITY		COUNTY 15 24	
RD CHAR 16 01		RTE NUM Accident Occurred On 17 023830		ROAD NAME 18 3700 FOSTER AVE		IN LANE 19 E1		TRAF SIG 20 <input type="checkbox"/> NO <input type="checkbox"/> YES		ON RAMP 21 <input type="checkbox"/> NO <input type="checkbox"/> YES		IN INTERSECTION 23 <input type="checkbox"/> NO <input type="checkbox"/> YES	
RD COND 24 02		INT-ATE 25 017220		INTERSECTING ROAD NAME or Log Mile Reference Manual description, 26 700 S. DEAN ST		MILEPT 27 1.1		DIR 28 0.0		Dist. of Acc to INT-RTERM. & Dy. 29 0.0		Dy. 30 0.0	
RD DR 31 03		ACCIDENT DIAGRAM 32		NORTH: 33		DESCRIBE ACCIDENT briefly: Identify units by numbers. Also identify the following at the OBJECT DAMAGED & NATURE OF DAMAGE (Property other than vehicles) and by the NAME & ADDRESS OF OWNER when applicable. 34							
SET COND 35 02		ON-ZONE 36 <input type="checkbox"/> NO <input type="checkbox"/> YES		RANCTY 37 03		EVENT-1 38 04		EVENT-2 39 00		FR OH 40 00		COLL TY 41 1	
LIGHT 42 01		WEATHER 43 01		UNIT # 44 01		NAME (First, Middle, Last) 45		SEX 46 M		UNIT # 47 02		NAME (First, Middle, Last) 48	
TYPE OF UNIT 49 <input type="checkbox"/> DRIVER <input type="checkbox"/> PED		ADDRESS (No., Street, City, State, Zip) 50		TEL 51		WORK 52		RES 53		TYPE OF UNIT 54 <input type="checkbox"/> DRIVER <input type="checkbox"/> PED		ADDRESS (No., Street, City, State, Zip) 55	
MOVEMENT 56 01		CONDITN 57 01		SUBST 58 01		TEST 59 01		RESULT 60 0		FOR PEDS ONLY 61 <input type="checkbox"/>		AGE 62 0	
SPEED LIMIT 63 25		SAF. EQ 64 130		EQ PROB 65 01		EJECT 66 01		CITATION NUMBER (S) 67		MOVEMENT 68 01		CONDITN 69 01	
GOING 70 01		DRIVER'S LICENSE NUMBER 71		STATE 72 MD		CLASS 73 C		GOING 74 03		DRIVER'S LICENSE NUMBER 75		STATE 76 MD	
CONTINU 77 01		DR DATE OF BIRTH 78 09/01/46		IRREGULAR CONDITION 79 <input type="checkbox"/> PARKED <input type="checkbox"/> CAUGHT FIRE <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERLESS		HMI SPILL 80 <input type="checkbox"/> N <input type="checkbox"/> OY		HAZ MAT NUMBER 81 00		CONTINU 82 03		DR DATE OF BIRTH 83 06/30/81	
BODY TY 84 23		COMM. VEHICLE ONLY 85		U. S. DOT NUMBER 86		ICC NUMBER 87		BODY TY 88 D2		COMM. VEHICLE ONLY 89		U. S. DOT NUMBER 90	
MOST HE 91 01		OWNER OR CARRIER NAME (Write "SAME" if Driver) 92		TEL 93		WORK 94		RES 95		MOST HE 96 01		OWNER OR CARRIER NAME (Write "SAME" if Driver) 97	
CONTIN 98 01		OWNER / CARRIER ADDRESS 99		TOWED VEH (S) 100		CONTIN 101 00		OWNER / CARRIER ADDRESS 102		TOWED VEH (S) 103		CONTIN 104 00	
YEAR & MAKE OF VEHICLE 105 12 94/Ford		MODEL 106 TR		1st IMPACT PT. 107 16		MAIN IMPACT 108 16		YEAR & MAKE OF VEHICLE 109 00 021/Hyund		MODEL 110 4-5		1st IMPACT PT. 111 05	
EIP YR & REGSTR # STATE 112 00 10 MD 01-15		AREAS DAMAGED 113		EIP YR & REGSTR # STATE 114 00 12 MD 07-104		AREAS DAMAGED 115		VEHICLE ID NUMBER 116		VEHICLE ID NUMBER 117		DAM EXT 118 03	
TRAFFIC UNIT # 119 02		SEATING POSITION 120 05		CODE all injured & unseated PASSENGERS below. Use "W" for witness in TRAF UNIT and SEAT columns. Write telephone #, SEX, AGE, SAFETY EQUIP, EQUIP PROB, INJUR SEVER, EJECT-ION, DAM UNIT		INJURED TAKEN BY: 121 MEDIC 25		INJURED TAKEN TO: 122 JHA BAYVIEW		E UNIT # 123 MB		INJURED TAKEN BY: 124	